

EXHIBIT 25

Anne Carter Judkins

Page 1

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Case No.

3:19-CV-12430-FLW-LHG

IN RE: JOHNSON & JOHNSON
TALCUM POWER PRODUCTS
MARKETING, SALES PRACTICES, MDL No.
AND PRODUCTS LIABILITY 16-2738 (FLW) (LHG)
LITIGATION

This Document Relates To:

CARTER JUDKINS

Plaintiff,

v.

JOHNSON & JOHNSON, ET AL,

Defendants.

Remote via Zoom Deposition of ANNE
CARTER JUDKINS, held at the location of the
deponent in Athens, Georgia, commencing at
10:06 a.m., on the 1st of December, 2020,
before Maureen O'Connor Pollard, Registered
Diplomate Reporter, Realtime Systems
Administrator, Certified Shorthand Reporter.

- - -

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deps@golkow.com

1 with their legs and arms in the air cooing
2 and saying something about -- I think they
3 used the word "safe," but we're going way
4 back so I may be mistaken. But yes, seeing
5 kind of the sweet, endearing ads on TV about
6 Johnson & Johnson Baby Powder.

7 Q. Did -- I'm sorry, go ahead.

8 A. And there was a cute little
9 baby in it. That's all.

10 Q. Did those advertisements, in
11 fact, make you think that the product was
12 safe to use?

13 A. Totally. Absolutely. Like I
14 said earlier, if it's safe for a baby,
15 wouldn't it be safe for any human?

16 Q. If there had been a warning on
17 the Johnson & Johnson's Baby Powder bottle
18 that said "this product can cause ovarian
19 cancer, don't use it on your genital area,"
20 would you have applied it to your genital
21 area?

22 A. Definitely not.

23 Q. And same question about Shower
24 to Shower. If the Shower to Shower bottle

EXHIBIT 26

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

-----§
IN RE: JOHNSON & JOHNSON § MDL No.
TALCUM POWDER PRODUCTS § 16-2738(FLW)(LHG)
MARKETING, SALES PRACTICES, §
AND PRODUCTS LIABILITY §
LITIGATION §
§
-----§
THIS DOCUMENT RELATES TO: §
§
TAMARA NEWSOME and DANIEL § Case No.
FRANCOIS, § 3:18-cv-17146-FLW-LHG
§
Plaintiff, §
§
vs. §
§
JOHNSON & JOHNSON, et al., §
§
Defendants. §
-----§

- - -
WEDNESDAY, DECEMBER 9, 2020
- - -

This is the Remote Videotaped Deposition of
TAMARA NEWSOME, commencing at 10:01 a.m., on the
above date, before Kelly J. Lawton, Registered
Professional Reporter, Licensed Court Reporter,
and Certified Court Reporter.

- - -

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1 for a just a minute while she logs back on.

2 THE VIDEOGRAPHER: Okay. Stand by.

3 We are going off the record at 4:09 p.m.

4 (Recess from 4:09 until 4:18 p.m.)

5 THE VIDEOGRAPHER: We are on the record,

6 4:18 p.m.

7 BY MS. PITTARD:

8 Q. Ms. Newsome, we were talking about Johnson &
9 Johnson television commercials right before we went
10 off the record.

11 Can you describe to us what you remember
12 about those commercials?

13 A. So Johnson & Johnson's baby powder, you use
14 on your baby. The impression that I got, that it was
15 safe, it was pure or sterile because it was used on
16 babies.

17 Q. Okay. I'm sorry, I just can't hear what you
18 said. Did you say that it was pure and sterile?

19 A. That the impression that I got is that it was
20 pure, sterile because you could use it on babies and
21 so it was safe.

22 Q. Okay. Okay.

23 A. -- on my babies.

24 Q. You said you used it on your babies?

25 A. Yes, I did.

EXHIBIT 27

Patient Name: Converse, Hilary · MRN: [REDACTED] · Account #: [REDACTED] - MPI: [REDACTED]

Patient Name: CONVERSE, HILARY

Gender: Female

MRN #:

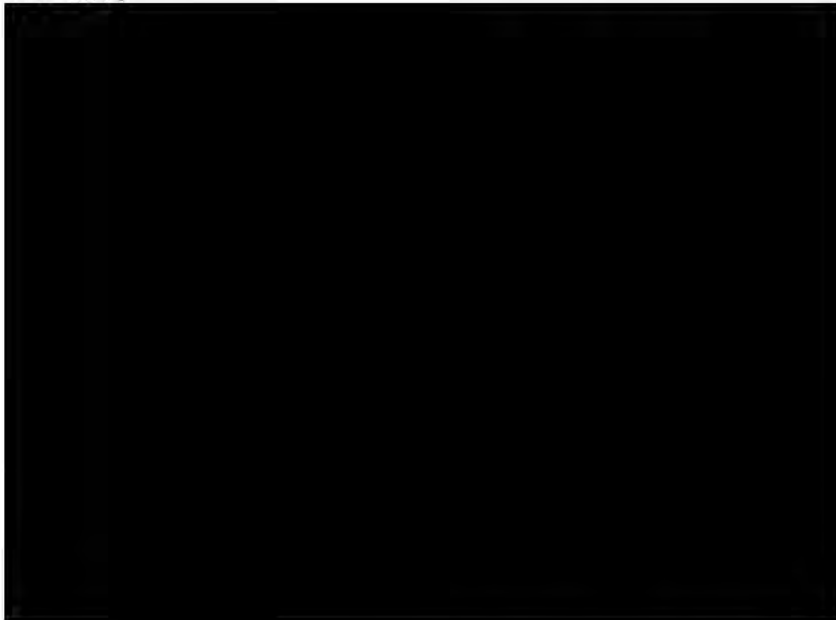
Birth Date: [REDACTED] 948

WP8-864-A-Cytology Nongyn Cases

Component	2007-09-06 09:22:00		Reference	Units
Cytology Nongyn Cases		F (1)		

Result Comments

1 N07-5280

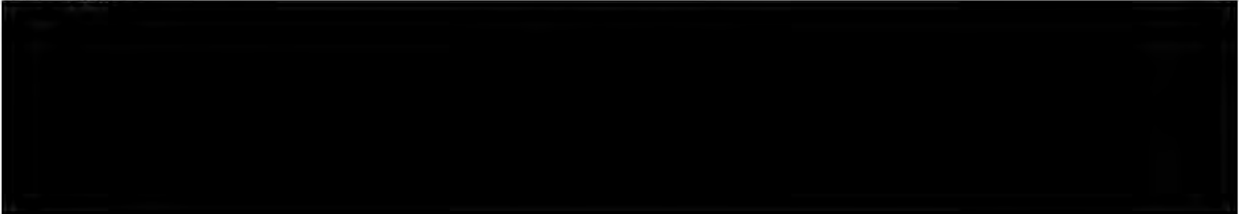


WP8-864-A-Surgical Cases

Component	2007-09-05 18:54:00		Reference	Units
Surgical Cases		F (1)		

Result Comments

1 S07-31005



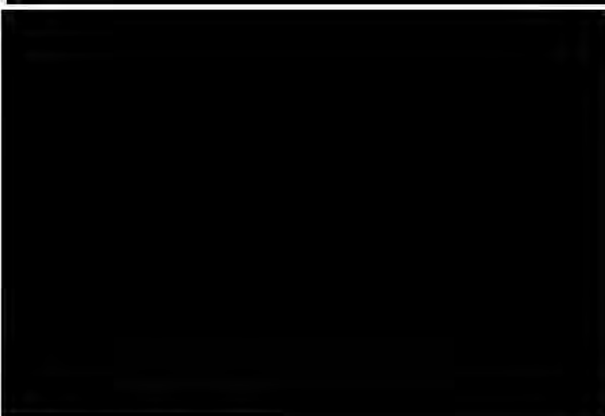
Patient Name Converse, Hilary · MRN: [REDACTED] · Account #: [REDACTED] · MPI: [REDACTED]

Patient Name: CONVERSE, HILARY

Gender: Female

MRN #:

Birth Date: [REDACTED] 1948



GROSS DESCRIPTION



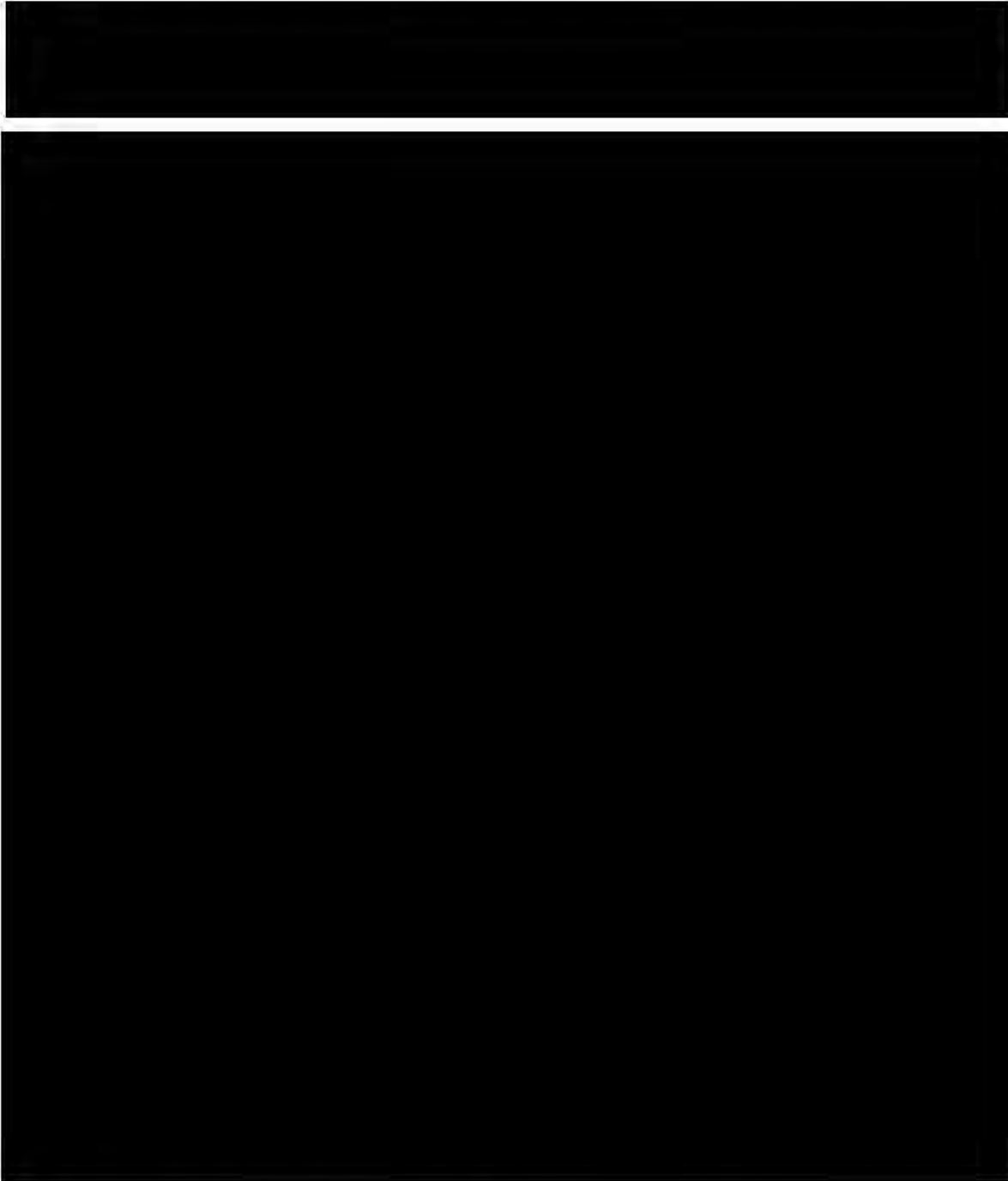
Patient Name: Converse, Hilary · MRN: [REDACTED] · Account #: [REDACTED] · MPI: [REDACTED]

Patient Name: CONVERSE, HILARY

Gender: Female

MRN #:

Birth Date: [REDACTED] 1948



Patient Name: Converse, Hilary - MRN: [REDACTED] - Account #: [REDACTED] - MPI: [REDACTED]

Patient Name: CONVERSE, HILARY

Gender: Female

MRN #:

Birth Date: [REDACTED] 1948



EXHIBIT 28

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

**IN RE JOHNSON & JOHNSON TALCUM
POWDER PRODUCTS MARKETING, SALES
PRACTICES, AND PRODUCTS LIABILITY
LITIGATION**

**MDL NO. 16-2738 (FLW) (LHG)
JUDGE FREDA L. WOLFSON
MAG. JUDGE LOIS H. GOODMAN**

HILARY CONVERSE,

COMPLAINT AND JURY DEMAND

Plaintiff,

Civil Action No.: 3:18-cv-17586

v.

JOHNSON & JOHNSON, INC., JOHNSON &
JOHNSON CONSUMER, INC., AND IMERYS
TALC AMERICA, INC. F/K/A LUZENAC
AMERICA, INC.

DIRECT FILED ACTION

Defendants.

SHORT FORM COMPLAINT AND JURY DEMAND

The Plaintiff(s) named below file(s) this *Short Form Complaint and Demand for Jury Trial* against Defendants named below by and through the undersigned counsel. Plaintiff(s) incorporate(s) by reference the allegations contained in *Plaintiffs' Master Long Form Complaint* in *In re: Talcum Powder Products Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 2738 in the United States District Court for the District of New Jersey. Plaintiff(s) file(s) this Short Form Complaint as permitted by Case Management Order No. 1 of this Court.

In addition to those causes of action contained in *Plaintiffs' Master Long Form Complaint*, where certain claims require specific pleadings and/or amendments, Plaintiff(s) shall add and include them herein.

IDENTIFICATION OF PARTIES

Identification of Plaintiff(s)

1. Name of individual injured due to the use of talcum powder product(s): Hilary Converse
2. At the time of the filing of the specific case, Plaintiff(s) is/are a citizen of New Haven
County, CT.
3. Consortium Claim(s): The following individual(s) allege damages for loss of consortium:
_____.
4. Survival and/or Wrongful Death Claims:

Name and residence of Decedent Plaintiff when she suffered the talcum powder
product(s) related death: _____

5. Plaintiff/Decedent was born on 1948 and died on _____.
6. Plaintiff is filing this case in a representative capacity as the _____ of the _____
_____, having been duly appointed as the _____
_____ by the _____ Court of _____
_____.
7. As a result of using talcum powder products, Plaintiff/Decedent suffered personal and
economic injur(ies) that are alleged to have been caused by the use of the products
identified in Paragraph 16 below, but not limited to, the following:

X _____ injury to herself

_____ injury to the person represented

_____ wrongful death
_____ survivorship action
 X economic loss
_____ loss of services
_____ loss of consortium
_____ other:_____

Identification of Defendants

8. Plaintiff(s)/Decedent Plaintiff(s) is/are suing the following Defendant(s) (please check all that apply)¹

- ☒ Johnson & Johnson
☒ Johnson & Johnson Consumer Inc.
☒ Imerys Talc America, Inc. (“Imerys Talc”)
☐ Personal Care Products Council (“PCPC”)

Additional Defendants:

- ☐ Other(s) Defendant(s) (please specify):_____

JURISDICTION & VENUE

Jurisdiction:

9. Jurisdiction in this Short Form Complaint is based on:

- ☒ Diversity of Citizenship

¹ If additional Counts and/or Counts directed to other Defendants are alleged by the specific Plaintiff(s) as to whom this *Short Form Complaint* applies, the specific facts supporting these allegations must be pleaded by the Plaintiff(s) in a manner complying with the requirements of the Federal Rules of Civil Procedure, and the Defendants against whom they are alleged must be specifically identified on a separate sheet of paper attached to this *Short Form Complaint*.

☐ Other (The basis of any additional ground for jurisdiction must be pled in sufficient detail as required by the applicable Federal Rules of Civil Procedure).

Venue:

10. District Court(s) and Division (if any) in which venue was proper where you might have otherwise filed this Short Form Complaint absent the direct filing Order entered by this Court and to where remand could be ordered by the Judicial Panel for trial: United States District Court for the District of Connecticut.

CASE SPECIFIC FACTS

11. Plaintiff(s) currently reside(s) in (City, State): Beacon Falls, CT.
12. At the time of the Plaintiff's/Decedent's diagnosis with a talcum powder product(s) injury, Plaintiff/Decedent resided in (City, State): Beacon Falls, CT.
13. The Plaintiff/Decedent was diagnosed with a talcum powder product(s) injury in (City, State): New Haven, CT. on or about September 2007.
14. To the best of Plaintiff's knowledge, Plaintiff/Decedent began using talcum powder product(s) on or about the following date: 1962 and continued the use of talcum powder product(s) through about the following date: 2006.
15. The Plaintiff/Decedent purchased talcum powder product(s) in the following State(s): Connecticut.
16. Plaintiff/Decedent used the following talcum powder products:
- ☒ Johnson & Johnson's Baby Powder
 - ☐ Shower to Shower

CAUSES OF ACTION

17. Plaintiff(s) hereby adopt(s) and incorporate(s) by reference the *Master Long Form Complaint and Jury Demand* as if fully set forth herein.
18. The following claims and allegations asserted in the *Master Long Form Complaint and Jury Demand* are herein adopted by reference by Plaintiff(s):
- ☒ Count I: Products Liability – Strict Liability – Failure to Warn (Against Imerys Talc)
 - ☒ Count II: Products Liability – Strict Liability – Failure to Warn (Against the Johnson & Johnson Defendants)
 - ☒ Count III: Products Liability – Strict Liability – Defective Manufacturer and Design (Against Imerys Talc)
 - ☒ Count IV: Products Liability – Strict Liability – Defendant Manufacturer and Design (Against the Johnson & Johnson Defendants)
 - ☒ Count V: Breach of Express Warranties (Against the Johnson & Johnson Defendants)
 - ☒ Count VI: Breach of Implied Warranty of Merchantability (Against the Johnson & Johnson Defendants)
 - ☒ Count VII: Breach of Implied Warranty of Fitness for a Particular Purpose (Against the Johnson & Johnson Defendants)
 - ☒ Count VIII: Negligence (Against Imerys Talc)
 - ☒ Count IX: Negligence (Against the Johnson & Johnson Defendants)
 - ☐ Count X: Negligence (Against PCPC)
 - ☒ Count XI: Negligent Misrepresentation (Against the Johnson & Johnson Defendants)

- ☒ Count XII: Fraud (Against the Johnson & Johnson Defendants)
- ☐ Count XIII: Fraud (Against PCPC)
- ☒ Count XIV: Violation of State Consumer Protection Laws of the State(s) of Connecticut (Against the Johnson & Johnson Defendants)
- ☒ Count XV: Fraudulent Concealment (Against Imerys Talc)
- ☒ Count XVI: Fraudulent Concealment (Against the Johnson & Johnson Defendants)
- ☐ Count XVII: Fraudulent Concealment (Against PCPC)
- ☒ Count XVIII: Civil Conspiracy (Against All Defendants)
- ☐ Count XIX: Loss of Consortium (Against All Defendants)
- ☒ Count XX: Punitive Damages (Against All Defendants)
- ☒ Count XXI: Discovery Rule and Tolling (Against All Defendants)
- ☒ Count XXII: Wrongful Death (Against All Defendants)
- ☒ Count XXIII: Survival Action (Against All Defendants)

Furthermore, Plaintiff(s) assert(s) the following additional theories and/or State Causes of Action against Defendant(s) identified in Paragraph nine (9) above. If Plaintiff(s) includes additional theories of recovery, to the extent they require specificity in pleadings, the specific facts and allegations supporting these theories must be pled by Plaintiff(s) in a manner complying with the requirements of the Federal Rules of Civil Procedure.

WHEREFORE, Plaintiff(s) pray(s) for relief and judgment against Defendants of compensatory damages, punitive damages, interest, costs of suit, and such further relief as the Court deems equitable and just, and as set forth in the Master Long Form Complaint as appropriate.

JURY DEMAND

Plaintiff(s) hereby demand a trial by jury as to all claims in this action.

Respectfully Submitted by,

ONDERLAW, LLC

By: /s/ Stephanie L Rados
James G. Onder, #38049
William W. Blair, #58196
Stephanie L. Rados, #65117
110 E. Lockwood, 2nd Floor
St. Louis, MO 63119
314-963-9000 telephone
314-963-1700 facsimile
onder@onderlaw.com
blair@onderlaw.com
rados@onderlaw.com

Counsel for Plaintiff(s)

EXHIBIT 29

PLAINTIFF PROFILE FORM

This Plaintiff Profile Form (“PPF”) must be completed by the plaintiff or the representative of plaintiff’s decedent. In completing this PPF, you are under oath and must provide information that is true and complete to the best of your knowledge, information and belief after reasonable inquiry. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect.

In filling out this PPF, please use the following definitions: (1) “**health care provider**” means any hospital, clinic, medical center, physician’s office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, or psychological care or advice, and any pharmacy, weight loss center, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care, and/or treatment of the plaintiff or plaintiff’s decedent; (2) “**document**” means any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies, and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Information provided in this PPF will only be used for purposes related to this litigation and may be disclosed only as permitted by the protective order in this litigation. This PPF is completed pursuant to the Federal Rules of Civil Procedure governing discovery.

1. CASE INFORMATION

Name of Person Completing Form:	Linda	R	Bondurant
	First	M.I.	Last
If you are completing this PPF in a representative capacity (e.g., on behalf of the estate of a deceased person), please complete the following:			
Your Name:			
	First	M.I.	Last
Your relationship to individual you represent:			

THE REST OF THIS PLAINTIFF PROFILE FORM REQUESTS INFORMATION ABOUT THE PERSON WHO USED JOHNSON'S BABY POWDER AND/OR SHOWER TO SHOWER AND WAS DIAGNOSED WITH OVARIAN CANCER

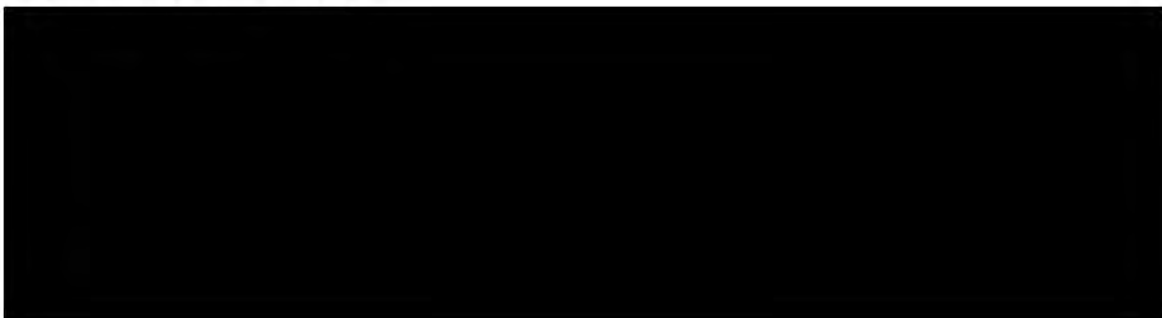
2. PERSONAL INFORMATION

Name:	Linda	R	Bondurant
	First	M.I.	Last
Maiden/Other Names Used:	Lynda R. Davis, Lynda Miller, Lynda B. Spooner, Lynda Rene		
Current or Last Known Address:	New Orleans LA 70117		
Date of Birth:	1959	Gender:	Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
Date of Death (If Applicable):	<input type="checkbox"/> N/A	Social Security Number: [REDACTED]	
Select Marriage Status:	Name of Spouse, if Married at time of filing Complaint:		
Married	Steven J. Kim		

3. TALCUM POWDER-RELATED CLAIM

- a. Have you been diagnosed with one of the following types of cancer? b. If yes, please provide the approximate date of initial diagnosis (if more than one, for each initial diagnosis). c. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the type. d. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the stage.

a. Type of Cancer	b. Date of Initial Diagnosis	c. Type of Ovarian, Fallopian tube, or Primary Peritoneal Cancer	d. Stage of Ovarian, Fallopian tube or Primary Peritoneal Cancer
Ovarian	Oct 31 2018	Clear Cell	Stage IV

4. MEDICAL HISTORY:

c. Have you ever been diagnosed with any of the following?

Condition	Yes/No/Unknown	Name and Address of Diagnosing Provider	Approximate Date of Diagnosis (if applicable)
BRCA1 or BRCA2 mutation			
Endometriosis			
Adenomyosis			
Irregular vaginal bleeding			
Ovarian Cysts			
Polycystic ovaries and/or Polycystic Ovarian Syndrome (PCOS)			
Uterine fibroids			
Infertility			
Breast cancer			
Lynch Syndrome			

Condition	Yes/No/Unknown	Name and Address of Diagnosing Provider	Approximate Date of Diagnosis (if applicable)
Other cancer (please specify below):			
Obesity/overweight			
Pelvic Inflammatory Disease (PID)			
Colon Polyps			

FAMILY MEDICAL HISTORY

7. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever suffered from or been treated for any type of cancer (including but not limited to ovarian cancer or breast cancer):

[illegible]

8. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever been diagnosed with any genetic mutations, including but not limited to BRCA1 or BRCA2 mutations?

HEALTH CARE PROVIDERS AND PHARMACIES

9. Limiting your answer to primary care, gynecology and oncology healthcare providers, identify each doctor or other health care provider who you have seen for medical care and treatment from the ten (10) years prior to your ovarian cancer diagnosis to the present. In particular, please use your best efforts to list all of the primary care providers during this period.

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Approximate Years of Visits
			to
			to
			to

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Approximate Years of Visits
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to
			to

10. If any of your healthcare providers who you have seen in relation to treatment and care of **ovarian cancer or any other form of cancer** were not identified previously, please identify for each such provider:

Name and Specialty	Address	Approximate Years of Treatment	Reason for Treatment
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	

11. Limiting your response to visits for issues related to cancer and to gynecologic issues other than pregnancy, identify each hospital, clinic, or health care facility where you were hospitalized (inpatient, out-patient, or emergency room visit) from the (10) years prior to your ovarian cancer diagnosis to the present:

[illegible]

Name	Address	Admission Date(s)	Reason for Admission Approx. Years of Visits

12. To the best of your recollection, identify each pharmacy that has regularly dispensed medication to you from the ten (10) years prior to your ovarian cancer diagnosis to the present:

Name of Pharmacy	Address of Pharmacy	Approx. Years You Used Pharmacy
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

Name of Pharmacy	Address of Pharmacy	Approx. Years You Used Pharmacy
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

13. Has any health care provider told you the cause(s) of your ovarian cancer?



Healthcare Provider's Name	Approximate Date of Conversation	Substance of Conversation

14. Have you had any communications with your health care providers, orally or in writing, about whether your condition is related to your use of Johnson’s Baby Powder and/or Shower to Shower?



Healthcare Provider’s Name	Approximate Date of Conversation

TALCUM POWDER PRODUCT USE

16. Have you ever used Johnson's Baby Powder? Choose Yes/No: Yes

If yes, identify:

- a) Did you apply the product to your genital area? Choose Yes/No: Yes
- b) Approximate year of first use: 1959
- c) Approximate year of last use: 2015
- d) Frequency of use during these dates: 3 to 5 times a week

17. Have you ever used Johnson & Johnson Shower to Shower? Choose Yes/No: Yes

If yes, identify:

- a) Did you apply the product to your genital area? Choose Yes/No: Yes
- b) Approximate year of first use: 1970
- c) Approximate year of last use: 1980
- d) Frequency of use during these dates: Every day

18. Have you ever used any other cosmetic powder product(s) in your genital area?

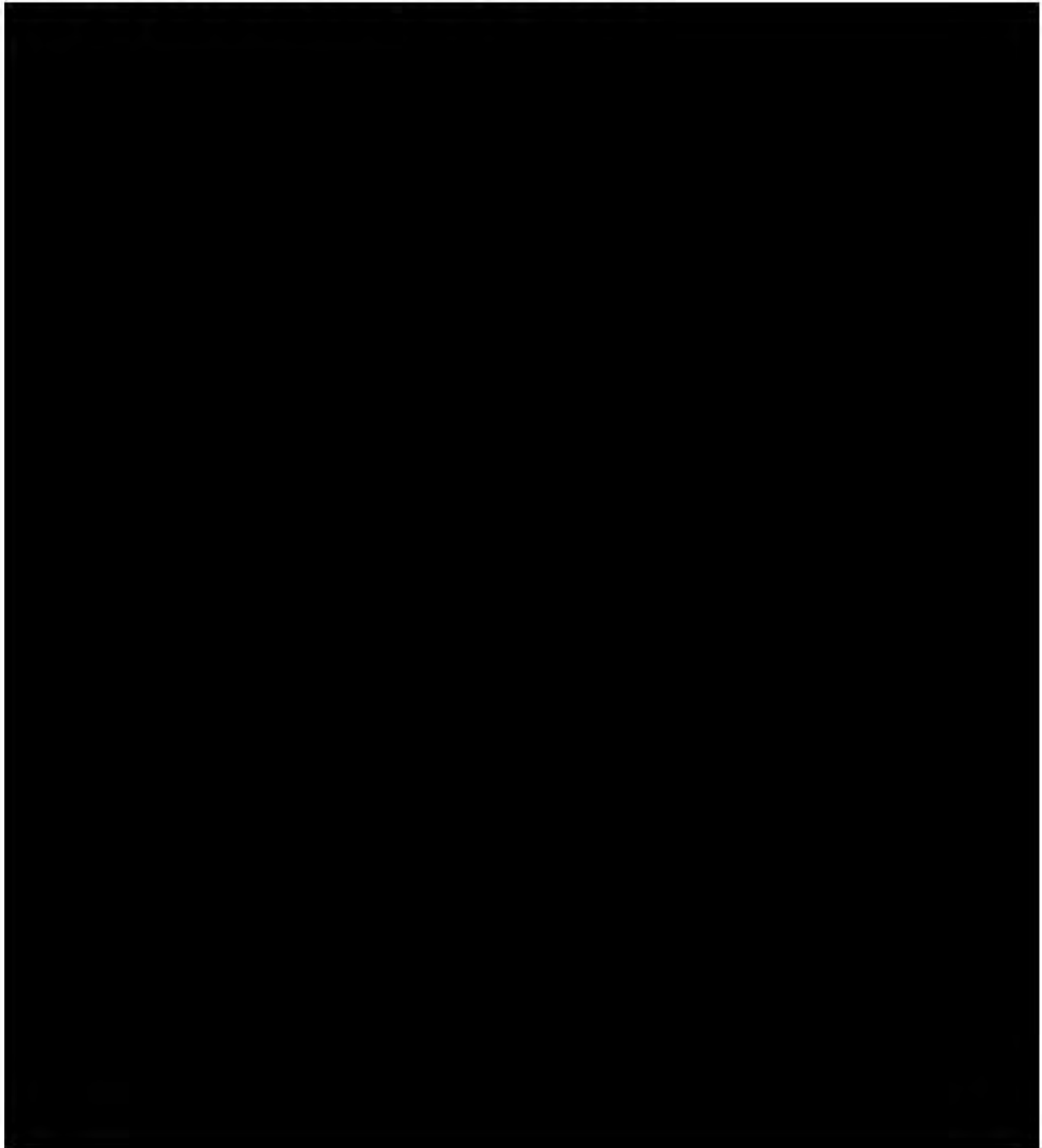
Choose Yes/No: No

If yes, identify:

- a) Name of product(s): _____
- b) Approximate year of first use: _____
- c) Approximate year of last use: _____

- a) Name of product(s): _____
- b) Approximate year of first use: _____
- c) Approximate year of last use: _____

MEDICAL BACKGROUND OF BODY POWDER USER



24. Employment History:

Are you currently employed? Choose Yes/No: No

If yes, please identify your current employer and position:

25. Education:

Highest Educational Degree	Educational Institution
Bachelor's	Troy State University

DOCUMENT DEMANDS

Documents in your possession, including writings on paper or in electronic form (if you have any of the following materials in your custody or possession, please indicate which documents you have and attach a copy of them to this Plaintiff Profile Form):

1. All documents relating to plaintiff's purchase(s) or acquisition(s) of Johnson's Baby Powder or Shower to Shower, including but not limited to, store receipts, credit card receipts, containers, labels, or other records of purchase or acquisition.
2. All medical records, reports, and/or documents from any hospital, physician, or other health care provider who treated plaintiff for ovarian cancer or any gynecologic disease, condition or symptom alleged in the Complaint and/or PPF.
3. If applicable, decedent-user's death certificate and copies of letters testamentary or letters of administration confirming standing of the named plaintiff.
4. A copy of all pathology reports related to plaintiff's/decedent's diagnosis or recurrence of ovarian cancer.
5. A copy of all reports reflecting any genetic testing undertaken on plaintiff/decedent.

DECLARATION

I declare under penalty of perjury that all of the information provided in connection with this Short Form Plaintiff Profile Form is true and correct to the best of my knowledge, information, and belief formed after due diligence and reasonable inquiry. I acknowledge that I have an obligation to supplement the above responses if I become aware of additional responsive information, or if I learn that they are in some material respects incomplete or incorrect.

Date: _____

Signature of Plaintiff_____
Print Name of Signing Plaintiff

EXHIBIT 30

CERTIFICATION OF DEATH RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2020-043-00370

7788247

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BONDURANT, LINDA RENE		DATE OF BIRTH [REDACTED]	DATE OF DEATH [REDACTED]	TIME OF DEATH [REDACTED]
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) MARINNA, FL UNITED STATES		SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):		AGE 81 YEARS		
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) [REDACTED] NEW ORLEANS, LA 70117 UNITED STATES			WITHIN CITY LIMITS? YES	PARISH/COUNTY ORLEANS
PERSONAL	[REDACTED]				
DEATH INFO	[REDACTED]				
DISPOSITION	[REDACTED]				
FUNERAL FACILITY	[REDACTED]				
MEDICAL INFO	[REDACTED]				
CAUSE OF DEATH	PART I. Enter the chain of events - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular failure without showing the etiology. DO NOT abbreviate. IMMEDIATE CAUSE - (Final disease or condition resulting in death) a. [REDACTED] Sequentially list conditions, if any, leading to the cause listed on line a. b. [REDACTED] Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. [REDACTED] d. [REDACTED] PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. WAS AN AUTOPSY PERFORMED? NO FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE BURY INFORMATION PLACE OF INJURY DATE OF INJURY TIME OF INJURY INJURY AT WORK IF TRANSPORTATION INJURY, SPECIFY: LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) PARISH/COUNTY DESCRIBE HOW INJURY OCCURRED CERTIFIER I CERTIFY THAT I ATTENDED THE DECEDENT FROM 8/22/2020 TO 10/22/2020 AND THAT DEATH OCCURED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED. SIGNATURE OF CERTIFIER: [REDACTED] DATE 10/22/2020 CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) BRADSHAW, CHARLES CERTIFIER TITLE: CERTIFYING PHYSICIAN CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 1205 AVENUE D, MARRERO, LA 70072 UNITED STATES BURNAL TRANSIT PERMIT PARISH OF ISSUE DATE OF ISSUE DATE FILED WITH REGISTRAR 300051 ORLEANS 10/22/2020 10/28/2020 REGISTRAR SIGNATURE OF REGISTRAR DEVIN GEORGE "d-george" ISSUED BY: Bal, Sandra				

PLAINTIFF'S
EXHIBIT
#1
PENGAD-Bayonne, N.J.



007788247

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.
DO NOT ACCEPT

Devin George
DEVIN GEORGE
STATE REGISTRAR



EXHIBIT 31

PLAINTIFF PROFILE FORM

This Plaintiff Profile Form (“PPF”) must be completed by the plaintiff or the representative of plaintiff’s decedent. In completing this PPF, you are under oath and must provide information that is true and complete to the best of your knowledge, information and belief after reasonable inquiry. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect.

In filling out this PPF, please use the following definitions: (1) “**health care provider**” means any hospital, clinic, medical center, physician’s office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, or psychological care or advice, and any pharmacy, weight loss center, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care, and/or treatment of the plaintiff or plaintiff’s decedent; (2) “**document**” means any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies, and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

Information provided in this PPF will only be used for purposes related to this litigation and may be disclosed only as permitted by the protective order in this litigation. This PPF is completed pursuant to the Federal Rules of Civil Procedure governing discovery.

1. CASE INFORMATION

Name of Person Completing Form:	Hilary	T. Converse
	First	M.I. Last
If you are completing this PPF in a representative capacity (e.g., on behalf of the estate of a deceased person), please complete the following:		
Your Name:		
	First	M.I. Last
Your relationship to individual you represent:		

THE REST OF THIS PLAINTIFF PROFILE FORM REQUESTS INFORMATION ABOUT THE PERSON WHO USED JOHNSON'S BABY POWDER AND/OR SHOWER TO SHOWER AND WAS DIAGNOSED WITH OVARIAN CANCER

2. PERSONAL INFORMATION

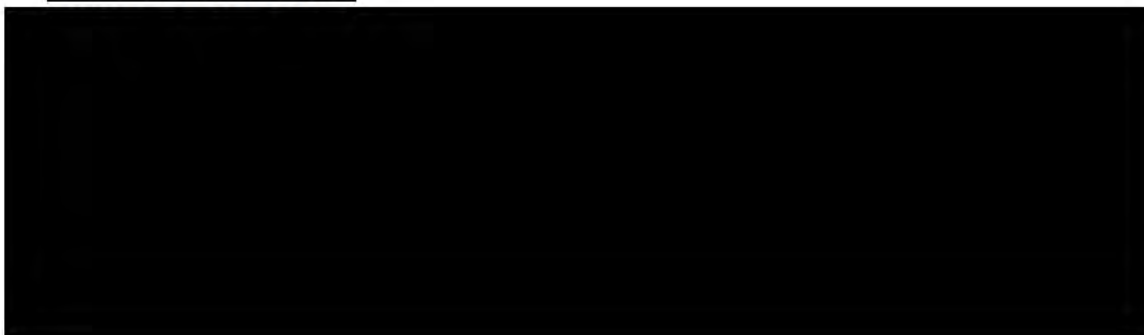
Name:	Hilary	T. Converse
	First	M.I. Last
Maiden/Other Names Used:	Hilary Krevit	
Current or Last Known Address:	Prospect CT 06712	
Date of Birth:	1942	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
Date of Death (If Applicable):	<input checked="" type="checkbox"/> N/A	Social Security Number: [REDACTED]
Select Marriage Status:	Name of Spouse, if Married at time of filing Complaint:	
Married	Marquis S. Converse	

3. **TALCUM POWDER-RELATED CLAIM**

- a. Have you been diagnosed with one of the following types of cancer? b. If yes, please provide the approximate date of initial diagnosis (if more than one, for each initial diagnosis). c. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the type. d. If you were diagnosed with ovarian cancer, fallopian tube or primary peritoneal cancer, please provide the stage.

a. Type of Cancer	b. Date of Initial Diagnosis	c. Type of Ovarian, Fallopian tube, or Primary Peritoneal Cancer	d. Stage of Ovarian, Fallopian tube or Primary Peritoneal Cancer
Ovarian	Sep 6 2007	Clear Cell	Stage I

4. **MEDICAL HISTORY:**



c. Have you ever been diagnosed with any of the following?

Condition	Yes/No/Unknown	Name and Address of Diagnosing Provider	Approximate Date of Diagnosis (if applicable)
BRCA1 or BRCA2 mutation			
Endometriosis			
Adenomyosis			
Irregular vaginal bleeding			
Ovarian Cysts			
Polycystic ovaries and/or Polycystic Ovarian Syndrome (PCOS)			
Uterine fibroids			
Infertility			
Breast cancer			
Lynch Syndrome			

Condition	Yes/No/Unknown	Name and Address of Diagnosing Provider	Approximate Date of Diagnosis (if applicable)
Other cancer (please specify below):			
N/A			
Obesity/overweight			
Pelvic Inflammatory Disease (PID)			
Colon Polyps			

FAMILY MEDICAL HISTORY

7. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever suffered from or been treated for any type of cancer (including but not limited to ovarian cancer or breast cancer):

[illegible]

8. Limiting this question to blood relatives, to the best of your knowledge, please indicate whether your *parents, siblings, children, grandparents, aunts, uncles, or first cousins* have ever been diagnosed with any genetic mutations, including but not limited to BRCA1 or BRCA2 mutations?

[Redacted]

HEALTH CARE PROVIDERS AND PHARMACIES

9. Limiting your answer to primary care, gynecology and oncology healthcare providers, identify each doctor or other health care provider who you have seen for medical care and treatment from the ten (10) years prior to your ovarian cancer diagnosis to the present. In particular, please use your best efforts to list all of the primary care providers during this period.

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Approximate Years of Visits
[Redacted]			
			to
			to
			to
			to
			to
			to
			to
			to

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Approximate Years of Visits
			to
			to
			to
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			to

10. If any of your healthcare providers who you have seen in relation to treatment and care of **ovarian cancer or any other form of cancer** were not identified previously, please identify for each such provider:

Name and Specialty	Address	Approximate Years of Treatment	Reason for Treatment
		to	
		to	
		to	
		to	
		to	
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11. Limiting your response to visits for issues related to cancer and to gynecologic issues other than pregnancy, identify each hospital, clinic, or health care facility where you were hospitalized (inpatient, out-patient, or emergency room visit) from the (10) years prior to your ovarian cancer diagnosis to the present:

[illegible]

Name	Address	Admission Date(s)	Reason for Admission Approx. Years of Visits

12. To the best of your recollection, identify each pharmacy that has regularly dispensed medication to you from the ten (10) years prior to your ovarian cancer diagnosis to the present:

Name of Pharmacy	Address of Pharmacy	Approx. Years You Used Pharmacy
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

Name of Pharmacy	Address of Pharmacy	Approx. Years You Used Pharmacy
		to
		to
		to
		to
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13. Has any health care provider told you the cause(s) of your ovarian cancer?



Healthcare Provider's Name	Approximate Date of Conversation	Substance of Conversation

14. Have you had any communications with your health care providers, orally or in writing, about whether your condition is related to your use of Johnson’s Baby Powder and/or Shower to Shower?



Healthcare Provider’s Name	Approximate Date of Conversation

TALCUM POWDER PRODUCT USE

16. Have you ever used Johnson's Baby Powder? Choose Yes/No: Yes

If yes, identify:

- a) Did you apply the product to your genital area? Choose Yes/No: Yes
- b) Approximate year of first use: 1962
- c) Approximate year of last use: 2017
- d) Frequency of use during these dates: Daily

17. Have you ever used Johnson & Johnson Shower to Shower? Choose Yes/No: No

If yes, identify:

- a) Did you apply the product to your genital area? Choose Yes/No: _____
- b) Approximate year of first use: _____
- c) Approximate year of last use: _____
- d) Frequency of use during these dates: _____

18. Have you ever used any other cosmetic powder product(s) in your genital area?

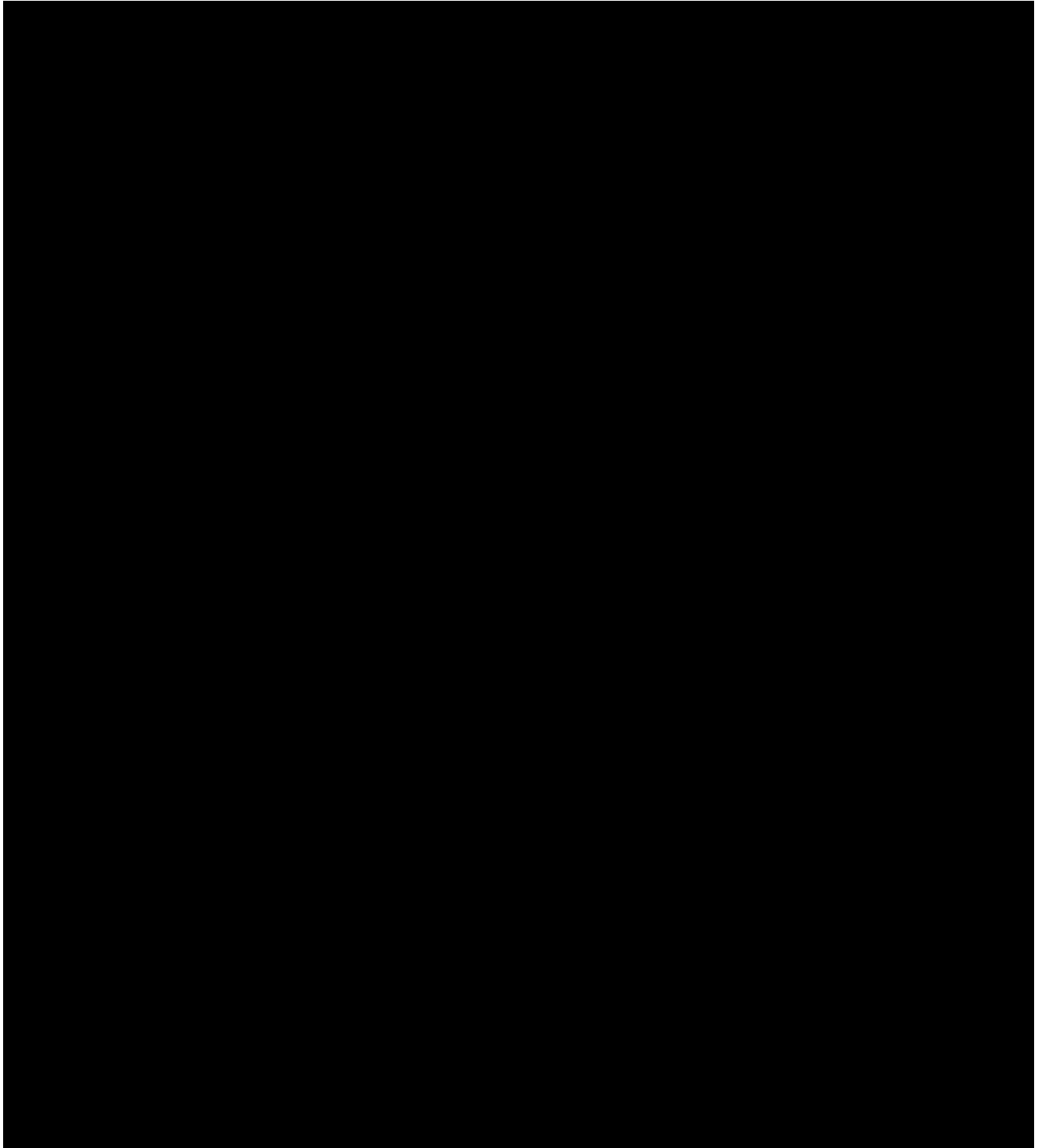
Choose Yes/No: No

If yes, identify:

- a) Name of product(s): _____
- b) Approximate year of first use: _____
- c) Approximate year of last use: _____

- a) Name of product(s): _____
- b) Approximate year of first use: _____
- c) Approximate year of last use: _____

MEDICAL BACKGROUND OF BODY POWDER USER



24. Employment History:

Are you currently employed? Choose Yes/No: No

If yes, please identify your current employer and position:

25. Education:

Highest Educational Degree	Educational Institution
High School Diploma	Some college courses University of Bridgeport Cc

DOCUMENT DEMANDS

Documents in your possession, including writings on paper or in electronic form (if you have any of the following materials in your custody or possession, please indicate which documents you have and attach a copy of them to this Plaintiff Profile Form):

1. All documents relating to plaintiff's purchase(s) or acquisition(s) of Johnson's Baby Powder or Shower to Shower, including but not limited to, store receipts, credit card receipts, containers, labels, or other records of purchase or acquisition.
2. All medical records, reports, and/or documents from any hospital, physician, or other health care provider who treated plaintiff for ovarian cancer or any gynecologic disease, condition or symptom alleged in the Complaint and/or PPF.
3. If applicable, decedent-user's death certificate and copies of letters testamentary or letters of administration confirming standing of the named plaintiff.
4. A copy of all pathology reports related to plaintiff's/decedent's diagnosis or recurrence of ovarian cancer.
5. A copy of all reports reflecting any genetic testing undertaken on plaintiff/decedent.

DECLARATION

I declare under penalty of perjury that all of the information provided in connection with this Short Form Plaintiff Profile Form is true and correct to the best of my knowledge, information, and belief formed after due diligence and reasonable inquiry. I acknowledge that I have an obligation to supplement the above responses if I become aware of additional responsive information, or if I learn that they are in some material respects incomplete or incorrect.

Date: _____

Signature of Plaintiff_____
Print Name of Signing Plaintiff

EXHIBIT 32

2 - - -

IN RE: JOHNSON & JOHNSON :

MARKETING, SALES PRACTICES, :

LITIGATION :

Plaintiff, : Case No. 3:18-cv-

JOHNSON & JOHNSON, et al., :

11

12

14 Remote Oral Video Deposition, taken
15 via Zoom, of PETER SCHWARTZ, M.D.,
16 commencing at 10:01 a.m., on the above date,
17 before Margaret M. Reihl, Realtime Reporter
18 and Certified Court Reporter for the State
19 of New Jersey.

21 GOLKOW LITIGATION SERVICES
877.370.3377 ph | 917.591.5672 fax
22 deps@golkow.com

24

Golkow Litigation Services

1 MS. GARBER: Object to the form.

2 THE WITNESS: I'm sorry, I seem to --

3 oh boy, okay. Sorry about that. Okay.

4 Could you repeat the question, sir. I

5 didn't -- I got interrupted by the phone.

6 Sorry.

7 BY MR. JAMES:

8 Q. Sure. No worries. And if you do need to

9 take a phone call or a break, just let us know at

10 any time. I should have said that earlier.

11 Was there anything unusual or remarkable

12 about this pathology report in your mind?

13 MS. GARBER: Object to the form.

14 THE WITNESS: No, nothing unusual.

15 BY MR. JAMES:

16 Q. These are -- this report is similar to the

17 reports that you see for many patients, correct?

18 A. Yes, that's right.

19 Q. Is there anything in this pathology report

20 that would have told you as a clinician what was the

21 cause of her cancer?

22 MS. GARBER: Object to the form.

23 THE WITNESS: What this pathology

24 report tells me is that it's likely [REDACTED]

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■

5 BY MR. JAMES:

6 Q. Is there anything in this report, when you
7 look at this report, that would tell you as a
8 clinician that talc was the cause of Ms. Converse's
9 ovarian cancer?

10 MS. GARBER: Object to the form.

11 THE WITNESS: No.

12 BY MR. JAMES:

13 Q. Okay. I'm going to stop screen sharing the
14 pathology report and go back to looking at each
15 other for a quick sec.

16 Dr. Schwartz, do you recall consulting or
17 seeing with Mrs. Schwartz as recently as
18 September 2020?

19 A. I'm sorry, you asked me about with
20 Mrs. Schwartz?

21 Q. I'm sorry, thank you for catching. You have
22 a good ear, thank you.

23 Do you recall sitting -- seeing
24 Mrs. Converse as recently as September 2020?

25 A. I don't believe I saw her.